

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551860

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1			1		
4		1		1		
5	1			1		
6	1			1		
7	2			1		
8		1		1		
9						
10		1				
11		1				
12		1		1		
13		1		1		
14		1		1		
15	1		1			
16		1		1		
17	1			1		
18		1		1		
19		1		1		
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21		1		1		
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23	1			1		
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48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			3	1		
TOTAL CLAIMS			3	2		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						